

This form is provided in lieu of a formal transmittal and should be used for transmitting the Issue Fee. Sections 1A through 4 must be completed as appropriate.

INVENTOR'S ADDRESS CHANGE SC/SERIAL NO.	
INVENTOR'S NAME	
 U.S. POSTAL SERVICE U.S. PATENT & TRADEMARK OFFICE WASH. D.C.	
Street Address	CERTIFICATE OF MAILING
City, State and Zip Code	by certify that this correspondence deposited with the United States P
CO-INVENTOR'S NAME	rst Class Mail in an envelope address Commissioner of Patents and Trademarks Washington, D.C. 20231
Street Address	<u>AUGUST 2-1981</u>
City, State and Zip Code	<u>JEROME H. LEMELSON</u>
BY:	<u>J. H. Lemelson</u> DATE: <u>8/2/81</u>
<input type="checkbox"/> Check if additional changes are on reverse side.	

MAILING INSTRUCTIONS

All further correspondence including the Issue Fee Receipt, the Patent, and advanced orders will be mailed to the addressee entered in section 1 on PTOL-85c, unless you direct otherwise by specifying the appropriate name and address in 1A below. (Note: See box 5 below for correspondence concerning maintenance fee payments.)

- 2A. The COMMISSIONER OF PATENTS AND TRADE-MARKS is requested to apply the Issue Fee to the application identified below.

~~(Signature of party in interest of record)~~

(Date)

Note: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

	SC/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
	06/712,411	03/15/85	020	NIEBLING, J	112 05/01/87
First Named Applicant	LENELSON,			JEROME H.	

TITLE OF INVENTION CHEMICAL REACTION APPARATUS AND METHOD

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
	204-157-042	A41	UTILITY	NO	\$290.00	560.00	08/03/97

<p>1A. Further correspondence to be mailed to the following:</p> <p>JEROME LEMELSON 48 PARKSIDE DRIVE PRINCETON, NJ 08540 <i>08540</i></p>	<p>2B. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.</p> <p>1 _____ 2 _____ 3 _____</p>
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560.0

~~280.00~~ REFUND SCHEDULED
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2021-10-10

3. ASSIGNMENT DATA (print or type) ATTENTION IS DIRECTED TO 37 C.F.R. 1.334		4. The following fees are enclosed: <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced order <input type="checkbox"/> Assignment recording By Treasury check in U.S. currency The following fees should be charged to: deposit acct. no. <i>(PTO-1537)</i> (PTOL-85c or additional copy of PTOL-85b must be enclosed)
A. (1) <input checked="" type="checkbox"/> This application is NOT assigned. (2) <input type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. (3) <input type="checkbox"/> Assignment submitted herewith.		<input checked="" type="checkbox"/> Issue fee <input type="checkbox"/> Advanced order <input type="checkbox"/> Assignment recording
B. For Printing On The Patent: (Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data below is only appropriate when an assignment has been previously submitted to the PTO or is submitted herewith. Completion of this form is NOT a substitute for filing of an assignment as required by 37 C.F.R. 1.334).		Number of advanced order copies requested <hr/> (must be for 10 or more copies)
(1) NAME OF ASSIGNEE:		
(2) ADDRESS: (City & State or Country)		
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION:		

TRANSMIT THIS FORM WITH FEE